

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
543930

APPLICANT(S)

FILING DATE  
4-6-00

CLAIMS

CLAIM NO.	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	NO.	OEP.	NO.	OEP.	NO.	OEP.
1	1		1			
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TOTAL CLAIM NO.	5					
TOTAL OEP.	30	35				

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TOTAL CLAIM NO.						
TOTAL OEP.						